

2021 ADAP/PrEP-AP Capacity Survey Site-Level Results

Background

The California Department of Public Health (CDPH) Office of AIDS (OA) AIDS Drug Assistance Program (ADAP) and Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) enrollment sites conduct the important work of enrolling people living with HIV and people at risk of HIV into ADAP and PrEP-AP and ensuring their access to program benefits.

Since March 2020, CDPH/OA/ADAP and local enrollment sites have implemented numerous strategies to support enrollment in response to pandemic-related restrictions. Measuring the effectiveness of these strategies is critical to identifying approaches to support enrollment as pandemic restrictions are lifted across the state.

Methods

In June 2021, in preparation for the lifting of pandemic-related restrictions across California, CDPH/OA sent surveys to 534 ADAP and PrEP-AP enrollment workers from 211 enrollment sites. We asked enrollment workers to review a list of 13 site-level and 12 client-level factors associated with enrollment and to rate each on how much it helped or hindered activities in the last six months. Surveys were administered online and analyzed using descriptive analyses and hierarchal clustering on site and client-level factors to identify factors with similar response patterns. For analyses requiring one response per site, we chose responses from respondents with the highest caseload.

Results

CDPH/OA received responses from 25.3 percent (n=135) of enrollment workers representing 46.4% (n=98) ADAP and PrEP-AP enrollment sites.

ADAP and PrEP-AP sites shared similar challenges to enrollment in the last six months, including:

- Maintaining communications with ADAP or PrEP-AP advisors at the state
- Enrollment worker training and staffing
- Having sufficient time to check clients' documents for completeness
- Access to training and other supports

Enrollment workers from both programs cited policy changes such as allowing electronic signatures, remote enrollment, and verbal self-attestation as major facilitators in enrolling and re-enrolling clients.

Most ADAP enrollment sites (56%) and half of PrEP-AP enrollment sites (50%) indicated that they were able to assist other sites with enrolling clients. Roughly 16% of ADAP and 21% of PrEP-AP enrollment sites were unable to enroll all their potential clients in the months before pandemic restrictions were lifted.

Conclusion

By the time restrictions were lifted, most enrollment sites were able to employ effective strategies to enroll ADAP and PrEP-AP clients. Identifying factors that collectively help or hinder enrollment will be important in developing comprehensive policy and technical assistance responses.

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Figure 1: ADAP & PrEP-AP Site-Level Impacts on Enrollment

